

# Kentucky Boxing and Wrestling Authority

## Amateur MMA SHOW NOTICE FORM

**NOTICE:** MMA Events **MUST** be reported to the Authority at least fourteen (14) days prior to the show.

Please complete and return this form to the Authority

Promoter Name \_\_\_\_\_

Promotion Name \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Event Venue \_\_\_\_\_

Rental Agent \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Date of Event \_\_\_\_\_ Time \_\_\_\_\_  
(month, day & year)

**MAIL TO:** Kentucky Boxing and Wrestling Authority  
500 Mero Street  
Capital Plaza Tower, 6<sup>th</sup> Floor, Office 601  
Frankfort, KY 40601

**FAX TO:** 502-564-3969

***Incomplete Event Notice Forms will NOT be accepted. The Authority will consider the show as an "ILLEGAL" event and the Promoter's license will be subject to disciplinary action, including potential suspension or revocation.***

Promoter's Signature \_\_\_\_\_